# DEPARTMENT OF THE ARMY Headquarters, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment Fort Jackson, South Carolina 29207

1 APRIL 2002

MEMORANDUM THRU: PVT VINAS, BRYANT, Company D, 2<sup>nd</sup>
Battalion, 39<sup>th</sup> Infantry regiment, 4<sup>th</sup> Basic Combat Training
Brigade, Fort Jackson, SC 29207

FOR Commander, Company D, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment, 4<sup>th</sup> Basic Combat Training Brigade, Fort Jackson, SC 29207

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

I hereby acknowledge receipt of Notification of the Recommendation for Separation under the provisions of AR 635-200, Chapter 11.

VINAS, BRYANT

PVT. USA

# Data Required by the Privacy Act of 1974 (5 USC 552a)

AUTHORITY: Section 301, Title 5 USC and Section 3013, Title 10, USC.

PURPOSE: Information provided is used by processing activities and the approval authority to determine if the member meets the requirements for recommended separation action.

ROUTINE USES: Upon completion of processing actions, the statement is filed in the OMPF. So long as filed in the OMPF, this personal information may be used by other appropriate Federal agencies and State and local government authorities where the use of the information is compatible with the purpose for which the information is collected. Release of any information from this form is subject to the restrictions of 42 USC 290ee-3; 42 USC 290dd-3; and 42 Code of Federal Regulations, Part 2. Under these statutes and regulations, disclosure of information that would identify the client as an abuser of alcohol or other drugs is authorized within the Armed Forces or to those components of the Veterans Administration furnishing health care to veterans. AR 600-85 further limits disclosure within the Armed Forces to those individuals having an official need to know (for example, the physician or the client's unit commander). All other disclosures require the written consent of the client except disclosures (1) to medical personnel outside the Armed Forces to the extent necessary to meet a bona fide medical emergency; (2) to qualified personnel conducting scientific research, management for financial audits, or program evaluation; or (3) upon the order of a court of competent jurisdiction. Submission of a statement for consideration is voluntary. If a statement is not submitted, the Army will determine separation or retention based on the available information.

## **ELECTION OF RIGHTS**

Having been advised by me of the basis for the contemplated separation and its effects, the rights available, and the effect of a waiver of those rights, the respondent personally made the choices indicated in the foregoing statement.

Date: 3- April - 02		
	,J	A
	Defense Counsel	

(Also to be signed by the soldier if the soldier waives counsel.)

Before completing this format, I have been afforded the opportunity to consult with appointed counsel for consultation; or military counsel of my own choice, if he or she is reasonably available; or civilian counsel at my own expense. I decline the opportunity.

BRYANT VINAS

PVT, USA

# DEPARTMENT OF THE ARMY Headquarters, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment Fort Jackson, South Carolina 29207

ATZJ-C-L-D

2 APRIL 2002

MEMORANDUM THRU: PVT VINAS, BRYAN De Company, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment, 4<sup>th</sup> Basic Combat Training Brigade Fort Jackson, SC 29207

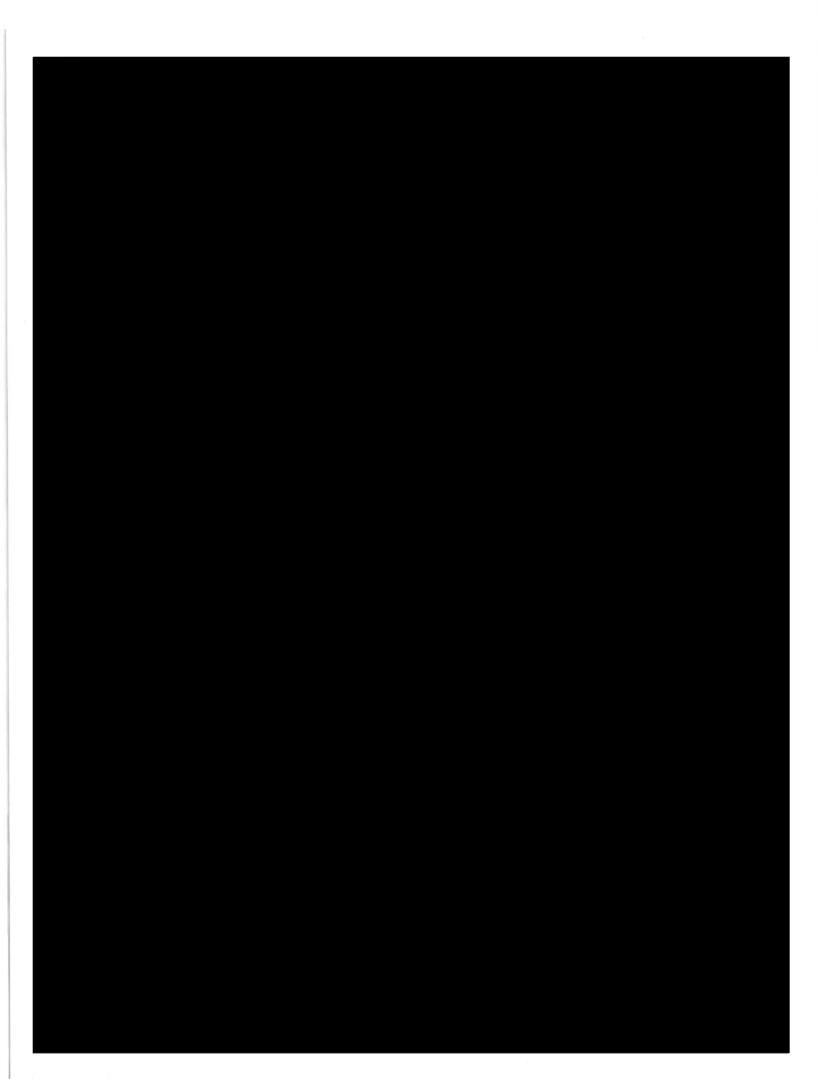
FOR Commander, Company D, 2nd Battalion, 39th Infantry Regiment, 4th Basic Combat Training Brigade, Fort Jackson, South Carolina 29207

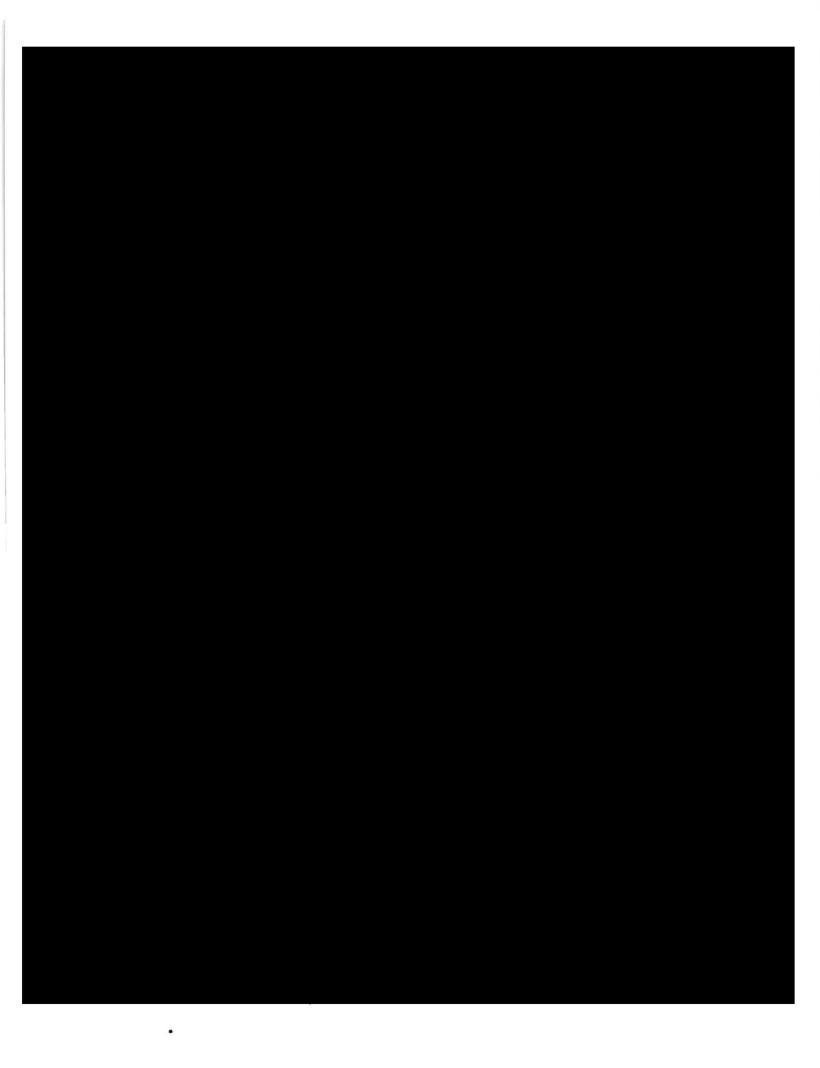
- 1. I have been advised of the basis for the contemplated action to separate me for Entry Level Status Performance and Conduct, under AR 635-200, Chapter 11, and its effects; of the rights available to me; and the effect of any action taken by me in waiving my rights.
- 2. Having been given the opportunity to consult with counsel, I (do) (do not) desire to consult with military counsel and/or civilian counsel at no expense to the Government.
- 3. Statements in my own behalf (are) (are not) submitted herewith.
- 4. I (do) (do not) request copies of the documents to be sent to the separation authority supporting the proposed separation.
- 5. I understand that I may, up until the date the separation authority orders, directs, or approves my separation, withdraw the waiver of any of the above rights and request that an administrative separation board (if authorized) hear my case.
- 6. I understand that, it the recommendation for separation is approved, I will receive an entry level separation with an uncharacterized discharge. Further, I understand that I will not be permitted to apply for reenlistment in the United States Army for a period of two years after discharge.

7. I have retained a copy of this statement and all enclosures.

VINAS, BRYANT

PVT, USA





## DEPARTMENT OF THE ARMY Headquarters, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment Fort Jackson, South Carolina 29207

ATZJ-C-L-D 2 APRIL 2002

MEMORANDUM THRU Commander, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment, 4<sup>th</sup>
Basic Combat Training Brigade, Fort Jackson, SC 29207

FOR Commander, USATC & FJ, ATTN: ATZJ-AG-T, Fort Jackson, SC 29207

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

 Under the provisions of AR 635-200, Chapter 11, I recommend that PVT VINAS, BRYANT N, 058-72-1229, Company D, 2<sup>nd</sup> Battalion, 39<sup>th</sup> Infantry Regiment, 4<sup>th</sup> Basic Combat Training Brigade, be separated from the United States Army for adjustment disorder.

#### 2. Pertinent information:

a. Name/Grade/SSN: VINAS, BRYANT N./PVT/

b. Date of birth: 82-

c. Date of enlistment:

d. Length of term for which enlisted: years

e. Record of prior service, if any: N/A

f. Aptitude area scores and DM08: See Enclosures

g. Record of counseling: See Enclosures

h. Description of rehabilitation attempts. If none, state none: None

- Record of disciplinary action including non-judicial punishment (include offenses, findings and sentence): None
- j. Favorable communications or recommendations for the soldier: None

#### ATZJ-C-L-D

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

- k. Other pertinent information: None
- 3. DA Form 4856-B and applicable statements by support agencies (chaplain, mental hygiene) (are not) included for your review.
- 4. I'do not consider it feasible or appropriate to accomplish disposition other than separation from the United States Army.
- 5. Enclosed please find the memorandums of notification and acknowledgment.

Encls

GORDON, JOCZIK

CPT, TC Commanding

# DEPARTMENT OF THE ARMY Company D, 2d Battalion, 39th Infantry Regiment 4th Training Brigade Fort Jackson, SC 29207

ATZJ-C-L-D (635-200a)

02 Apr 02

MEMORANDUM FOR PVT VINAS, BRYANT

Company D, 2d Battalion, 39th Infantry Regiment, 4th

Training Brigade, Fort Jackson, SC 29207

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

- 1. Under the provisions of AR 635-200, Chapter 11, I am initiating action to discharge you from the United States Army. The reason for my proposed action is your Failure to Adapt to the Military Environment.
- 2. The final decision in your case rests with the separation authority. If approved, you will receive an entry level separation with an uncharacterized discharge. Furthermore, you will not be permitted to reenlist in the United States Army for a period of two years from the date of your separation, and then only with an approved waiver.
- 3. Under the provisions of AR 635-200 paragraph 2-2 you have the following rights:
- a. You have the right to consult with consulting military counsel and/or civilian counsel at no expense to the Government.
  - b. You have the right to submit statements in your own behalf.
- c. You have the right to obtain copies of documents that will be sent to the separation authority supporting the proposed separation.
- d. You are entitled to a hearing before an administrative board if you have six or more years of active and reserve military service at the time of separation.
- 4. You may waive the rights listed above in paragraphs 3a-d in writing and you may withdraw any such waiver at any time prior to the date the separation authority orders, directs, or approves your separation.
- 5. If entitled to have your case heard before an administrative board, you may submit

### ATZJ-C-L-D

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

a conditional waiver of that right.

- 6. A medical examination is not required unless you are an enlisted woman who became pregnant during training.
- 7. Execute the enclosed endorsement to this memorandum and return it to me. Any statements you desire to submit in your behalf must reach me no later than two duty days from your receipt of this memorandum unless you request and receive in writing from me an extension for good cause shown.

3 Encls

- 1. General Counseling Form
- 2. Personal Data Sheet

3. Statement by soldier

GORDON N. JOCZIK

CPT, TC Commanding



# DEPARTMENT OF THE ARMY Headquarters, 2nd Battalion, 39th Infantry Regiment Fort Jackson, South Carolina 29207



ATZJ-C-L-I

4 April 2002

MEMORANDUM THRU Commander, 2nd Battalion, 39th Infantry Regiment, Fort Jackson, South Carolina 29207

FOR Commander, USATC&FJ, ATTN: ATZJ-AG-T, Fort Jackson, South Carolina 29207

SUBJECT: Proposed Separation Action UP AR 635-200, Chapter 11, Entry Level Status Performance and Conduct

1. The recommendation for Separation of PVT VINAS, BRYANT D Company, 2<sup>nd</sup> Battalion 39<sup>th</sup> Infantry Regiment, 4<sup>th</sup> Basic Combat Training Brigade, AR 635-200 Chapter 11 has been reviewed and is approved with issuance of an -Uncharacterized Discharge.

2. Records applicable to this case are enclosed for the individual's permanent record.

LTC, IN

Commanding

PERSONNEL D.	ATA
--------------	-----

The Army Privacy Program, AR 340-21, requires that the following information be disclosed to each individual requested to supply personnel data. AUTHORITY FOR THE REQUEST: 10 United States Code, Section 3012(g). PURPOSE: To provide Unit Commanders, First Sergeants, and Drill Sergeants with information on individuals in order to assist the trainee in personal problems, training and necessary reports to the Commanding General. USE: Same as purpose. VOLUNTARY DISCLOSURE: Disclosure of any information requested is stictly voluntary. FAILURE TO PROVIDE: Could hinder in solving training and personal problems.

E. L. Clabour 187.01chan
COMPANY Delta Company 2/39 PLATOON First Platoon 1st Platoon
NAME VIELS Bryant N. GRADE E- 1 SSN
DOR 2002 Mar 24 RACE Hispanic HEIGHT 56 WEIGHT 161
BLOOD TYPE AGE 19 COLOR EYES DE LEST. COLOR HAIR Dek. Br. MARITAL STATUS Single
NR DEPENDENTS O RELIGION No Prefence DOB PLACE OF BIRTH Queens, New York
IF ALIEN WHAT COUNTRY US CITIZEN Yes BODY MARKS soul seers.
HOME ADDRESS (Street Number of route). (Oity)
Time on Visco - Father
HOME PHON (Name and Relationship)
CIVILIAN OCCUPATION Forklift Prives COLLEGE ATTENDED
DEGREE GED HIGH SCHOOL YES YEARS EDUCATION 12
77 000
COMP Regular Army PRIOR SERVICE COMBAT ARMS: YES OR NO
SPECIAL SKILLS (ie. typing, drawing, athletics, etc.) Beseball, Forklift driver
HAVE YOU EVER BEEN ARRESTED FOR/OR CONVICTED OF A CRIME? IF YES EXPLAIN
DO YOU HAVE ANY PERSONAL PROBLEMS THAT YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION
OF THE COMPANY COMMANDER? IF YES, GIVE A BRIEF SUMMARY
SAVINGS BOND DO YOU HAVE A CLASS Q ALLOTMENT FOR YOUR SPOUSE?
SPECIAL INTEREST (Sports/Hobbles, etc.) Burball DO YOU HAVE A MILITARY
DRIVERS LICENSE: YES OR NO EXPIRATION DATE DO YOU HAVE SERVICE MENS GROUP
LIFE INSURANCE: YES OR NO (AMOUNT) No WERE YOU ISSUED A MARKMANSHIP BADGE:
YES OR NO (WHAT TYPE) WHERE DID YOU TAKE BASIC TRAINING
Delta Company 2/39 HAVE YOU EVER RECEIVED AN ARTICLE 15 OR
COURTS-MARTIAL: YES OR NO, IF YES GIVE REASON
WERE YOU ISSUED A NAME TAG (Class A) WHAT WAS YOUR LAST DUTY STATION
WERE YOU ISSUED A NAME TAG (Class A) HIGHEST AWARD

(2)
DO YOU HAVE ID CARD AND ID TAG YES GT SCORE 67 MANS COUNTRY LAST ASSIGNED &
BDROS MONTH AND YEAR SCORE AND MOS LAST TESTED
SECURITY CLEARANCE
LAST UNIT:
DATES AWARDED: PMOS SMOS AMOS DMOS POSN
PARALINETERM OF CURRENT ENL 2 years PULHES
BRBCURRENTLY RECEIVING VRB: YES OR NO
ACCRUED LEAVE AS OF SPECIAL LANGUAGE APTITUDE
(Spanish, German, Swahili, etc.) Spanish.
SMOSPRO PAY
LAST DROSLAST OA&TS
AWARDS DATE AWARDED
IS THIS YOUR FIRST TIME AWAY FROM HOME: YES OR WHAT IS THE LONGEST PERIOD OF TIME
YOU HAVE BEEN AWAY FROM HOME 6 weeks.
DO YOU HAVE A GUARANTEE FOR YOUR MOS (JOB): YES OF NO NO AND/OR STATION:
YES OR NO WHAT IS YOUR GUARANTEED JOB: MOS GUARANTEED STATION
DID YOU ENLIST UNDER THE STRIPES FOR SKILL PROGRAM:
YES OR NO NO DID YOU ENLIST UNDER THE DELAYED ENTRY PROGRAM: YES OR NO NO
IF SO, WHAT WAS THE DATE OF YROU ENLISTMENT:
WRITE A SHORT AUTOBIOGRAPHY. YOU MAY INCLUDE FAMILY BACKGROUND, HOBBIES, REASONS

#### **DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 22-100; the proponent agency is TRADOC

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:

5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES:

For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.

DISCLOSURE:

Disclosure is voluntary.

PART I -	ADMINISTRATIVE	DATA

Name (Last, First, MI) VINAS, BRYANT Rank/Grade

Date of Counseling

2 APRIL 2002

Name and Title of Counselor

KLEMOWSKI, MICHAEL C. 1st PLT SGT

D Co. 2/39 Inf. Regt., Fort Jackson, SC 29207 1st Platoon

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and ocludes the leader's facts and observations prior to the counseling.)

#### PART III - SUMMARY OF COUNSELING

section during or immediately subsequent to counseling.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part
IV below! I
*
Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The
subordinate agrees/disagrees and provides remarks if appropriate.)
Individual counseled: I agree disagree with the information above.
Individual counseled remarks:
,
Signature of Individual Counseled: Buyant Viñes Date: 2-April - 02
Signature of mutvicus counseloc.
Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)
1. Referred to the Company Commander
2. Submit Chapter 11 packet on soldier
Signature of Counselor: Maskey March March Date: 2-All-02
PART IV - ASSESSMENT OF THE PLAN OF ACTION  Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and
provide
B & War
Counselor: Individual Counseled: Byork Vivas Date of Assessment: 2 km v

# SOLDIER'S QUESTIONNAIRE FOR

1. I agree disagree with the separation/retention because I tasky (circle and initial one) 2. If you had no medical disabilities, would you have remained in the United States Army 3. If you recover from your medical disability between the next six months to two years, would you consider returning to the United States Army? Explain. wouldn't consider rejoining the are are ofter I recorperate 4. What positive/negative aspects did you learn about yourself or the military while being stationed here at Fort Jackson? have learned

# **SOLDIER'S STATEMENT**

NAME Bryant Viñas	DELTA 2/39	DATE: 2 - April - 02	
(PRINT)		082	-

# **STATEMENT**

I, Bryant Viñes, have been told that
I will recieve a Chypter 11. I - underst
What I will be leaving the Army.
I personally would like to to think this
place for making me approciate civilian life
even more I have no grudges against my
sugariors. I actually think they are
good people but take thier job on a
very professional level. I will not miss
this place. Only the Friends I
made here.
,
Bugut Vikes
/

1 110		V.100		UNIT CLEARANCE R		LOS COMPAGNACIONES.				
	For use of this form, see AR 608-8-101; the proponent agency is ODCSPER									
			DATA	REQUIRED BY THE PRIVA	CY ACT OF	1974				
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To ensure To close or remittance		records. To e tive duty, sepa	nsure debt to government or g ration or retirement. Forms wi	overnment spo Il not be disclo	ensored agencies is identified a used outside Department of De				
DISCLUSURE:	Disclosur	e is voluntary; however, failure to con	nplete these fo	orms may result in only partial (	payment of fin	al pay.				
properly complete this c verification by DFAS of asterisk (*) require clear	thecklist. If any outstar ance for pe	you are separating or retiring from the nding debts. Activities marked with a	ne Active Arm an @ require c	y, failure to complete this chec learance for all personnel separ	klist correctly ating or retirin	and entirely will result in you re g from the Active Army, to inc	fitiously as possible. It is your responsibility to ecviving 55 percent of your final pay pending lude AGR personnel. Activities marked with an d prior to your final finance appointment. Separation			
soldier's final leave and are required for all soldie hand-carried by the sold	pay entitle ers transition lier or appo	ments, we require your assistance. O oning, separating, or retiring from the	Complete items Active Army. By Station and	<ul> <li>below identifying actions with Items marked with an asterisk the Out-Processing Control Sta</li> </ul>	in the last 60 (*) are require tion for final p	days prior to the soldier's separed for soldiers PCSing. This intercessing. Failure to provide t	proper installation clearance and properly compute the retion or retirement date. Items marked with an @ ormation must be provided, confirmed and his information will cause the withholding of 45 transactions.			
		SECTION A - PERSONAL DATA	(To be con	npleted by commander, S1	, out-proces	sing control station, or app	ointed official)			
1. NAME	S, 286	LYANT		2. RANK PVT	SSN		4. ORDERS NO.			
5. GAINING UNIT				6. LOSING UNIT			7. DATE OF ORDERS			
8. REASON FOR CLE	EARING ETS	RETIREMENT OT	HER (Specify	Λ			9. DEPARTURE DATE			
				SECTION B - DEBT VERIF	ICATIONS					
10. DUTY STATU	JS@	10a. TYPE OF ABSENCE	LOG N	UMBER OR ORDER NUMBE	R 10c.	START DATE	10d. RETURN DATE			
	ro Thy		-							
HOSPITALIZATION, FIEDUTY, LOST TIME, AW	ELD .		13		_					
CONFINEMENT WITHIN	N 60									
CLEARANCE FORMS.			-							
			-							

·ī. [11	a	111			VERRICATE TO (cont.)	1110		1110	
			LOCUMENT	A	т.	11d.	9 LATE	11e.	Z THE DATE
All that have occurred	V#11 :							-	
within the 60 days prior to									
issuance of DA FUNIA				I		l			
137-R series. INCLUDE: UCMJ, Court Martial,									
Admin. Reductions, and									
Administration Displanner		<u>į</u>		1		1		!	
PROPERTY I'	.u	LIVE OF CHANGES	1 11160.00	12 01 000	Mich Document 126.	ANIUUNI		Zu. DiaPubili	J. 4
ACCOUNT ABILITY							+	· 1-10	
		OF SURVEY	!	742 12 1					
13. SPECIAL PAYS@*	ARK ALL THA	T APPLY: SDAP	FLPP	JUMP [	DEIP SEA DEMOL	ITION   FLIG	нт Потн	CD	
						THON THE		<u> </u>	
14. BN S1/Unit Commande	. 1.4	TVDE OR PRINT		UNIT / BA	TTALION CLEARANCES@*			144 5:	
VERIFYING OFFICIAL	IF 148.	TYPE OR PRINT N	AME		14b. SIGNATURE			14c. DATE	
VENII TING OTTIONE		7.5							
EVALUATIONS		MEAL CARD			PROFILE				
EVALUATIONS		MICAL CAND			PROFICE				
DUTY ROSTER		MAIL ROOM							
DA FORM 31		FLAGGED					<b>!</b>		
15. BN S2/3/Unit Comman	der 15a	TYPE OR PRINT N	AME		15b. SIGNATURE		ــــــــــــــــــــــــــــــــــــــ	15c. DATE	
VERIFYING OFFICIAL	100.	TIPE OR PRINT N	AME	81 <sub>B</sub>				ISC. DATE	
				.55				f	
SECURITY DEBRIEFING		ANTI-TERRORISM E	BRIEFING		TRAINING ROOM		TRAINING RE	CORD	
16. BN S4/Unit Commande	er 16a.	TYPE OR PRINT N	AME		16b. SIGNATURE			16c. DATE	
VERIFYING OFFICIAL	1								
V.									
MOTOR POOL		NBC ROOM							
SUPPLY ROOM		4 7040 70044							
SUPPLY NOOM		ARMS ROOM							
17. OTHER	******			17a.	TYPE OR PRINT NAME	17b.	SIGNATURE		17c. DATE
CAREER COUNSELOR				-	z zirii i irini				
								***********	
18. NAME OF SOLDIER				18a. SIGI	18a. SIGNATURE		18b.	18b. DATE	
19. NAME OF COMMANDER/S1				196 8101	19a. SIGNATURE			100 0075	
AUTHENTICATING OFFICIAL		19a. SIGNATURE 19b. DATE							

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.



ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

VINAS, BRYANT NEAL  4.e GRADE, RATE, OR RANK  4.b PAY			MENT, COMPONENT AND BRAN	СН	SKSOMALSE	MINISTER # 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10
86. 36. 8 g ( ) 1, ( 8 ) 200 5 t	****	RMY/RA				
	GRADE		5. DATE OF BIRTH (YYYYMMD		VE OBLIG. TE	A DATE OF THE STATE OF THE STAT
PV1 BIACE OF ENTRY INTO ACTIVE DUTY			19821		Month 00	
7.a PLACE OF ENTRY INTO ACTIVE DUTY			7.b HOME OF RECORD AT TIME address if known)	OF ENTRY (Cit	y and state, o	r complete
BROOKLYN, NY			PATCHOGUE, NY 11772			
8.a LAST DUTY ASSIGNMENT AND MAJOR C	OMMAND		8.6 STATION WHERE SEPARAT	ED	*************	
CO D 2BN 39INF TR TC			FT JACKSON, SC 2920	7-5000		
9. COMMAND TO WHICH TRANSFERRED					COVERAGE	None
NA				Amout	ht: \$ 10,000	0.00
11. PRIMARY SPECIALTY (List number, title an specialty, List additional specialty numbers	d years and mor	nths in	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
periods of one or more years.)	and titles involv	viily	a. Date entered AD This Period	2002	03	21
NONE//NOTHING FOLLOWS			b. Separation Date This Period	2002	04	11
			c. Net Active Service This Period	0000	00	21
			d. Total Prior Active Service	0000	00	00
			e. Total Prior Inactive Service	0000	00	0.0
			f. Foreign Service	0000	00	00
			g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITAT			h. Effective Date of Pay Grade	2002	03	21
15.a MEMBER CONTRIBUTED TO POST VIETNAM ERA	Yes No T	15 huigu	SCHOOL GRADIATE OR VAL	. I 16. DAYS	ACCRUED LE	AVE PAID
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	Yes No X		SCHOOL GRADUATE OR Yes VALENT X	None	ACCRUED LE	AVE PAID
VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM  17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AN  18. REMARKS	X ND ALL APPROPRIATE	EQUI	VALENT X ERVICES AND TREATMENT WITHIN 90 DAY	NONE S PRIOR TO SEPARAT	TION NA	Yes NA No
VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM  17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AN	X ND ALL APPROPRIATE R MATCHING BILITY OR 0 2-20020320	E DENTAL S WITH COMPLY //MEME	ERVICES AND TREATMENT WITHIN 90 DAYS  EN DOD OR WITH OTHER A	NONE S PRIOR TO SEPARAT GENCIES PO FITS//BLOC FIRST FULL	OR VERIFIC CK 6, PER TERM OP	Yes NA No CATION IOD OF SERVICE

NONE DD Form 214-AUTOMATED, NOV 88	Previous editions are obsolete	Initials
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4
ENTRY LEVEL PERFORMANCE AND CONDUCT		
28. NARRATIVE REASON FOR SEPARATION		
AR 635-200, CHAP 11	/ JGA /	3.
25. SEPARATION AUTHORITY	AG CEPARATION CODE	27. REENTRY CODE
DISCHARGE	UNCHARACTERIZED	100
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE HOS	ilude upgrades)
	NAL INFORMATION (For use by authorized agencie	es only)

#### DEPARTMENT OF THE ARMY

HEADQUARTERS, UNITED STATES ARMY TRAINING CENTER AND FORT JACKSON FORT JACKSON, SOUTH CAROLINA 29207-6430

ORDERS 098-1305

08 April 2002

VINAS, BRYANT NEAL POLICE PV1 CO D 2BN 39INF TR (WOG49D) FT JACKSON SC 29207

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: US ARMY TRANSITION POINT (WOU61A) FORT JACKSON SC 29207-6430 Reporting date: 10 April 2002

Component: RA

Date of discharge unless changed or rescinded: 11 April 2002
Additional instructions: a. Percentage of Disability: NONE b. You are authorized movement of your personal property at Government Expense. You should have in your possession a completed DA Form 137-1-R and 137-2-R when reporting to the installation's outprocessing center located in the Thurmond Building, Room 1054. Forms will be obtained from your servicing S-1/Personnel Administration Center (pac). c. Unearned portions of enlistment or reenlistment bonuses will be determined by the FAO.77B00

#### FOR ARMY USE

Auth: AR 635-200 HOR: PATCHOGUE NY US

Place EAD or OAD: NEW YORK NY US

MDC: 7BE2

Format: 501

FOR THE COMMANDER:

DISTRIBUTION:
PV1 VINAS (15)
Cdr CO D 2BN 39INF TR (3)
I PLUS
Trne/Act (15)
DPT, Sec Div (1)
Indiv Unit (SIDPERS Clerk) (1)
PSSP Det (Security Clearance) (1)
Strength Mgt (1)

ROBERT D. YOUMANS DIRECTOR, HUMAN RESOURCES

Service member elected a T/d to separ :
Travel. Member WILL NOT receive a monetary
travel allowance.
TRAVEL CATEGORY

